

**CLAIMS ONLY**

Application Number

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |              |        |       |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--------------|--------|-------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep        | Depend | Indep | Depend |
| 1            |          |        |                       |        |                        |        | 51           |        |       |        |
| 2            |          |        |                       |        |                        |        | 52           |        |       |        |
| 3            |          |        |                       |        |                        |        | 53           |        |       |        |
| 4            |          |        | 1                     |        |                        |        | 54           |        |       |        |
| 5            |          |        | 1                     |        |                        |        | 55           |        |       |        |
| 6            |          |        |                       |        |                        |        | 56           |        |       |        |
| 7            |          |        |                       |        |                        |        | 57           |        |       |        |
| 8            |          |        |                       |        |                        |        | 58           |        |       |        |
| 9            |          |        |                       |        |                        |        | 59           |        |       |        |
| 10           |          |        |                       |        |                        |        | 60           |        |       |        |
| 11           |          |        |                       |        |                        |        | 61           |        |       |        |
| 12           |          |        |                       |        |                        |        | 62           |        |       |        |
| 13           |          |        |                       |        |                        |        | 63           |        |       |        |
| 14           |          |        |                       |        |                        |        | 64           |        |       |        |
| 15           |          |        |                       |        |                        |        | 65           |        |       |        |
| 16           |          |        |                       |        |                        |        | 66           |        |       |        |
| 17           |          |        |                       |        |                        |        | 67           |        |       |        |
| 18           |          |        |                       |        |                        |        | 68           |        |       |        |
| 19           |          |        |                       |        |                        |        | 69           |        |       |        |
| 20           |          |        |                       |        |                        |        | 70           |        |       |        |
| 21           |          |        |                       |        |                        |        | 71           |        |       |        |
| 22           |          |        |                       |        |                        |        | 72           |        |       |        |
| 23           |          |        |                       |        |                        |        | 73           |        |       |        |
| 24           |          |        |                       |        |                        |        | 74           |        |       |        |
| 25           |          |        |                       |        |                        |        | 75           |        |       |        |
| 26           |          |        |                       |        |                        |        | 76           |        |       |        |
| 27           |          |        |                       |        |                        |        | 77           |        |       |        |
| 28           |          |        |                       |        |                        |        | 78           |        |       |        |
| 29           |          |        |                       |        |                        |        | 79           |        |       |        |
| 30           |          |        |                       |        |                        |        | 80           |        |       |        |
| 31           |          |        |                       |        |                        |        | 81           |        |       |        |
| 32           |          |        |                       |        |                        |        | 82           |        |       |        |
| 33           |          |        |                       |        |                        |        | 83           |        |       |        |
| 34           |          |        |                       |        |                        |        | 84           |        |       |        |
| 35           |          |        |                       |        |                        |        | 85           |        |       |        |
| 36           |          |        |                       |        |                        |        | 86           |        |       |        |
| 37           |          |        |                       |        |                        |        | 87           |        |       |        |
| 38           |          |        |                       |        |                        |        | 88           |        |       |        |
| 39           |          |        |                       |        |                        |        | 89           |        |       |        |
| 40           |          |        |                       |        |                        |        | 90           |        |       |        |
| 41           |          |        |                       |        |                        |        | 91           |        |       |        |
| 42           |          |        |                       |        |                        |        | 92           |        |       |        |
| 43           |          |        |                       |        |                        |        | 93           |        |       |        |
| 44           |          |        |                       |        |                        |        | 94           |        |       |        |
| 45           |          |        |                       |        |                        |        | 95           |        |       |        |
| 46           |          |        |                       |        |                        |        | 96           |        |       |        |
| 47           |          |        |                       |        |                        |        | 97           |        |       |        |
| 48           |          |        |                       |        |                        |        | 98           |        |       |        |
| 49           |          |        |                       |        |                        |        | 99           |        |       |        |
| 50           |          |        |                       |        |                        |        | 100          |        |       |        |
| Total Indep  |          |        |                       |        |                        |        | Total Indep  |        |       |        |
| Total Depend |          |        |                       |        |                        |        | Total Depend |        |       |        |
| Total Claims |          |        |                       |        |                        |        | Total Claims |        |       |        |